

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>SCHROYER LEE EUGENE</b>			2. SERVICE NUMBER <b>AF 11685400</b>			3. SOCIAL SECURITY NUMBER <b>██████ 2192</b>			
PERSONAL DATA	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			5a. GRADE, RATE OR RANK <b>SGT</b>		b. PAY GRADE <b>E4</b>	6. DATE OF RANK DAY: <b>1</b> MONTH: <b>Oct</b> YEAR: <b>71</b>			
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Cumberland MD</b>				9. DATE OF BIRTH DAY: <b>11</b> MONTH: <b>Dec</b> YEAR: <b>48</b>			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>33 29 48 699</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB # 29 Cleveland OH</b>			c. DATE INDUCTED DAY: <b>NA</b> MONTH: <b>NA</b> YEAR: <b>NA</b>			
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>Release From Active Duty</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Grand Forks AFB Mekinokc North Dakota</b>					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>AFM 39-10 Para 3-2 Sec A Chapter 3 (SDN 203)</b>						d. EFFECTIVE DATE DAY: <b>24</b> MONTH: <b>Oct</b> YEAR: <b>72</b>			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>321 SPS (SAC)</b>			13 a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>NA</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAFR</b>						15. REENLISTMENT CODE <b>1</b>			
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY: <b>24</b> MONTH: <b>Oct</b> YEAR: <b>74</b>			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER <b>AFOT 48 Mental Group 3</b>			b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY DAY: <b>25</b> MONTH: <b>Oct</b> YEAR: <b>68</b>		
	18. PRIOR REGULAR ENLISTMENTS <b>None</b>			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB (E1)</b>			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Cleveland OH</b>			
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>569 East 237 Euclid OH 44117</b>			22. STATEMENT OF SERVICE						
	23a. SPECIALTY NUMBER & TITLE <b>81150 Scty Police</b>			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Patrolman 375.368</b>			a. CREDITABLE FOR BASIC PAY PURPOSES			
							(1) NET SERVICE THIS PERIOD		YEARS: <b>04</b> MONTHS: <b>00</b> DAYS: <b>00</b>	
							(2) OTHER SERVICE		YEARS: <b>00</b> MONTHS: <b>00</b> DAYS: <b>00</b>	
							(3) TOTAL (Line (1) plus Line (2))		YEARS: <b>04</b> MONTHS: <b>00</b> DAYS: <b>00</b>	
							b. TOTAL ACTIVE SERVICE		YEARS: <b>04</b> MONTHS: <b>00</b> DAYS: <b>00</b>	
							c. FOREIGN AND/OR SEA SERVICE		YEARS: <b>01</b> MONTHS: <b>00</b> DAYS: <b>00</b>	
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM/VSM/AFGCM/ SAEMR/</b>									
25. EDUCATION AND TRAINING COMPLETED <b>Scty Police Cmbt Crse Compl 69/ Scty Police Drse Compl 71/</b>										
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>No Time Lost</b>			b. DAYS ACCRUED LEAVE PAID <b>C- NA</b>		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>		
						29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>		
REMARKS	30. REMARKS <b>High School - Graduated/ Flood Group B Pos/ M-50, A-55, G-65, E-55/ LNAC 15 Nov 68 DOD NACC Ft Holabird MD File #309-1842/ DAFSC 81150/ Vietnam Res, Indochina no, Korea No I have been counseled as to the conditions for my reentry into the Air Force and I understand that every former member must meet the enlistment/relistmet standards in effect at the time of his application</b>									
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>26251 Brush Ave Euclid, OH 44132</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Lee Eugene Schroyer</i>				
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>R E HOLLERAN, ENSGT, USAF CHIEF, CAREER CNSL SECTION</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>R.E. Holleran</i>				